## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313 or Fax (571)-273-2885

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical   | form should be used correspondence in the delay of the de | or transmitting the ISSU<br>ing the Patent, advance on<br>herwise in Block 1, by (a | JE FEE and PUBLICAT<br>rders and notification of r<br>a) specifying a new corres   | ION FEE (if requ<br>maintenance fees v<br>spondence address   | ired). Blocks 1 throug<br>will be mailed to the c<br>; and/or (b) indicating | h 5 shourrent co<br>a separa      | uld be completed where<br>orrespondence address as<br>te "FEE ADDRESS" for       |
|---|--|---|--|---|--|-----------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |   |  | (s) Transmittal. Th<br>ers. Each additions  | is certificate cannot be   | used for ignment                  | domestic mailings of the<br>any other accompanying<br>or formal drawing, must    |
| 23117   | 7590 08/20   | /2010   |  | _   |  |                                   |  |
|   | NDERHYE, PC<br>ÆBE ROAD, 11TH<br>VA 22203  | I FLOOR   | I he<br>Stat<br>add<br>tran  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |                                   |  |
|   |  |   |  |   |  |                                   | (Depositor's name)   |
|   |  |   |  |   |  |                                   | (Signature)  |
|   |  |   |  |   |  |                                   | (Date)   |
| APPLICATION NO. FILING DATE   |  |   | FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.  |   |  | CONFIRMATION NO.                  |  |
| 09/098,730 06/18/1998   |  | TOMIO SUGIYAMA MNL-2635-61 4440   |  |   |  |                                   |  |
| ·   | : MULTILAYERED AI  | R-FUEL RATIO SENSO  | DR.  |   |  |                                   |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSU   | E FEE TOTAL FEE(S  | ) DUE                             | DATE DUE   |
| nonprovisional  | NO   | \$1510  | \$300  | \$0   | \$1810   | _                                 | 11/22/2010   |
| EXAMINER ART L  |  | ART UNIT  | CLASS-SUBCLASS   | ] 69/24/2   | 09/24/2010 SMOHAMM1 00000082 09098730  |                                   |  |
| OLSEN, KAJ K  |  | 1795  | 204-426000   |   | 01 FC:1501 1510.00 OP<br>02 FC:1504 300.00 OP                                |                                   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  |  |   | 2. For printing on the patent from back; 1991  (1) the names of up to 3 registered patent attorneys  |   |  |                                   |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |  |   | or agents OR, alternatively,   |   |  |                                   |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |                                   |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA  | A TO BE PRINTED ON  | THE PATENT (print or type  | pe)   |  |                                   |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |  |   |  |   |  |                                   |  |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |   |  |   |  |                                   |  |
| DENSO CORPORATION Kariya-city, Japan  |  |   |  |   |  |                                   |  |
| Please check the appropri   | iate assignee category or  | categories (will not be pr  | inted on the patent):  | Individual 🖺 C  | orporation or other priv   | ate group                         | pentity Government   |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  |  |   |  |   |  |                                   |  |
| Publication Fee (No small entity discount permitted)  |  |   | Payment by credit card. Form PTO-2038 is attached.   |   |  |                                   |  |
| Advance Order - # of Copies   |  |   | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number14-1140 (enclose an extra copy of this form).               |   |  |                                   |  |
| 5. Change in Entity Stat  | tus (from status indicate  | d above)  |  |   |  |                                   |  |
| •   | s SMALL ENTITY state   |   | ☐ b. Applicant is no lon   |   |  |                                   |  |
| NOTE: The Issue Fee and interest as shown by the r  | d Publication Fee (if requestress of the United Sta  | uired will not be accepted<br>to Patent and Tademark                                | d from anyone other than to Office.  | he applicant; a reg   | istered attorney or agen   | t; or the                         | assignee or other party in   |
| Authorized Signature  | Muh  | ole   |  | Date  | September 23,  | 2010                              |  |
| Typed or printed name Michelle N. Lester  |  |   | Registration No  |   |  |                                   |  |
| This collection of informan application. Confident submitting the completed   | ation is required by 37 Cliality is governed by 35 I application form to the   | CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary              | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indiv  | retain a benefit by t   | the public which is to fi  | le (and b<br>cluding<br>t of time | by the USPTO to process)<br>gathering, preparing, and<br>you require to complete |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.